

St. Bridget School
3636 Stanton Street
Philadelphia, PA 19129

RECEIVED

JUL 26 2001

FCC MAIL ROOM

July 25, 2001

VIA FEDERAL EXPRESS

Federal Communication Commission
Office of the Secretary
445 12th Street, S.W.
Room TW-A325
Washington, DC 20554

RE: In the Matter of: Request for Review by St. Bridget School
of Decision of Universal Service Administrator
FCC Docket Nos.: 97-21 and 96-45
Billed Entity No.: 20371
Applicant's Form Identifier: Mobile

Dear Sir/Madam:

We are appealing a Fund Year Administrator's rejection of our application for funding dated June 26, 2001.

A. Statement of Interest in Matter Presented.

I am principal of St. Bridget School, and I am appealing the Administrator's denial of the above-referenced application for funding I filed on behalf of St. Bridget School.

B. Statement of the Facts.

The attached affidavit of Sister Christine Konopelski, along with its exhibits, sets forth a full statement of the relevant and material facts and is incorporated herein by reference.

C. Question for Review.

Whether the Administrator's rejection of St. Bridget School's application, because it was on last year's form, when the substantive information requested on each version of the form is exactly the same, should be reversed under the facts and circumstances.

No. of Copies rec'd 071
LISTABUDE

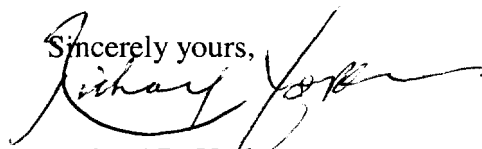
Federal Communication Commission
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Page 2

D. Statement of Relief Sought.

St. Bridget School requests that the Administrator's decision denying its application for funding be reversed and the funding application granted.

If you have any questions or require any additional information, please call either me or Sister Christine Konopelski at (215) 844-4126.

Thank you for your favorable consideration in this matter.

Sincerely yours,

Richard R. York
Principal

Enclosures

) **In the Matter of: Request for Review by St. Bridget School**
) **of Decision of Universal Service Administrator**
) **FCC Docket Nos.: 97-21 and 96-45**

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JUL 26 2001

AFFIDAVIT

FCC MAIL ROOM

Sister Christine Konopelski, being duly sworn, deposes and says that the following chronology is true and accurate to the best of her personal information and belief:

12/21/2000	Form 470 filed electronically over the Internet. Exhibit A.
12/22/2000	Original copy of authorized signature for Block 5 mailed by US Postage Certified Mail to SLD-Form 470, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, KS 66046. Exhibit B.
12/27/2000	Certified return receipt received signed by Mike Hodges. Exhibit C.
1/17/2001	Form 471 prepared. Unable to file electronically or to download most recent form due to computer problem. Therefore, because a careful examination of the current version of Form 471 revealed no difference from the earlier version of Form 471, it was decided to submit Form 471 using "FCC Form 471 - September 1999". Exhibit D.
1/17/2001	Original copy of Form 471 with authorized signature mailed by US Postage Certified Mail to SLD-Form 471, c/o Ms. Smith, 3833 Greenway Drive, Lawrence, KS 66046. Please note, that although this was " <u>postmarked</u> " one day prior to 28-day waiting period, its actual <u>arrival</u> occurred after the period's expiration. Exhibit E.
1/22/2001	Certified return receipt received signed by NCS Pearson Agent. Exhibit F.
3/20/2001	"Fund Year 4 Form 471 - Rejection Letter" received stating that our request was rejected because it was not submitted on the current form - "is not correct OMB - approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form." Exhibit G.
3/28/2001	Letter of Appeal sent to SLD. The letter included a completed new Form 471 with the same information provided earlier. Exhibit H.
no date	SLD acknowledged receiving our Letter of Appeal. Exhibit I.

6/26/2001

SLD rejected our appeal. **Exhibit J.**

Date: July 25, 2001

Sister Christine Konopelski
Sister Christine Konopelski

SWORN AND SUBSCRIBED
TO THIS 25th day
of July, 2001.

[Signature]
Notary Public

My commission expires:

NOTARIAL SEAL
ISA GILPIN, Notary Public
City of Philadelphia, Phila. County
My Commission Expires Jan 21, 2005

YEAR 4

2001-2002

[HOME](#) [CANCELL](#) [SAVE & EXIT](#) | [HELP](#)

FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLI

Approval by OMB
3060-0806

Estimated Average Burden Hours Per Response: 5.0 hours

This form is designed to help you describe the eligible telecommunications-related services you seek so that this data can be posted on the Fund Administrator Web Site and interested service providers can identify you as a potential customer and compete to serve you.

Please read instructions before completing

(To be completed by entity that will negotiate with Providers.)

Applicant's Form Identifier:
(Insert your own number to identify THIS Form 470)

MOBILE

Form 470 Application #:
(To be inserted by Fund Administrator)
696770000340303

Block 1: Applicant Address and Identifications
(School, Library, or consortium desiring Universal Service funding.)

1. Name of Applicant: ST BRIDGET SCHOOL			
2. Funding Year: 12/01/2000		3. Your Entity Number 20371	
4. Applicant's Street Address, P.O.Box, or Route Number			
a. Street 3636 STANTON ST			
City PHILADELPHIA		State PA	Zip Code 5Digit 19129
			Zip Code 4Digit 1619
b. Telephone number (215) 843 - 2828		c. Fax number (215) 842 - 2536	
d. E-mail Address rrrysbc@yahoo.com			
5. Type Of Applicant (Check only one box)			
<input checked="" type="checkbox"/> Library (including library system, library branch, or library consortium applying as a library)			
<input type="checkbox"/> Individual School (individual public or non-public school)			
<input type="checkbox"/> School District (LEA; public or non-public [e.g., diocesan] local district representing multiple schools)			
<input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia)			
6a. Contact Person's Name: Sr. Christine Konope			
Correct and/or add any Contact Person's information below as necessary, then select your preferred mode of contact			
6b. Street Address, P.O.Box, or Route Number (if different from Item 4) 3636 STANTON ST			
City PHILADELPHIA		State PA	Zip Code 5Digit 19129
			Zip Code 4Digit 1619
6c. Telephone Number (10 digit + ext.) (215) 843 - 2828 ext. 			
6d. Fax Number (10 digit + ext.) (215) 842 - 2536			
6e. E-mail Address (50 characters max.) rrrysbc@yahoo.com			

[HOME](#) | [CANCEL](#) | [HELP](#)

Entity Number: 20371
Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE
Phone Number: 215-843-2828

Please Record This Form 470 Application Number For Future Reference:
This Number Must Be Used To Complete Your Application,
If You Leave This Process Before The Application Is Completed.

Form 470 Application#: 696770000340303



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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLD

Approval by OMB
3060-0806

Entity Number: 20371

Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE

Phone Number: 215-843-2828

Block 2: Summary Description of Needs or Services Requested**7 This Form 470 describes (check all that apply):**a. ☒ Tariffed services - telecommunications services, purchased at regulated prices, for which the applicant has no signed, written contract. A new Form 470 must be filed for tariffed services for each funding year.b. ☒ Month-to-month services for which the applicant has no signed, written contract. A new Form 470 must be filed for these services for each funding year.c. ☒ Services for which a new written contract is sought for the funding year in Item 2.d. ☒ A multi-year contract signed on or before 7/10/97 but for which no Form 470 has been filed in a previous program year.

NOTE: Services that are covered by a signed, written contract executed pursuant to posting of a Form 470 in a previous program year OR a contract signed on/before 7/10/97 and reported on a Form 470 in a previous year as an existing contract do NOT require filing of a Form 470.

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IMPORTANT: Please read the following:

You will now provide details about the services you are seeking so that vendors may respond appropriately. You will be guided through separate screens for Telecommunications Services, Internet Access and Internal Connections, and have an opportunity to provide information on services you seek (if any) in each category.

Please Note:

- If you checked item 7a, you must provide information on the Telecommunications Services screen.
- If you checked item 7b, you must provide information on the Telecommunications Services and/or Internet Access screen.

Please use all of the screens that apply to the services you seek.



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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB
3060-0806

Entity Number: 20371

Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE

Phone Number: 215-843-2828

Block 2: Summary Description of Needs or Services Requested

What kinds of services are you seeking for Telecommunications Services? (See the Eligible Services List and Addenda at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

8 <input checked="" type="checkbox"/> Telecommunications Services Do you have a Request for Proposal (RFP) that specifies the services you are seeking?	
a <input checked="" type="radio"/> YES, I have an RFP. Choose one of the following: It is available on the Web at _____ or via <input type="checkbox"/> the Contact Person in Item 6 or <input checked="" type="checkbox"/> the contact listed in Item 11.	
b <input type="radio"/> NO, I do not have an RFP for these services.	
If you answered NO, you must list below the Telecommunications Services you seek. Specify each service or function (e.g., local voice service) and quantity and/or capacity (e.g., 20 existing lines plus 10 new ones). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Telecommunications Services, and remember that only common carrier telecommunications companies can provide these services under the Universal Service support mechanism. Add additional lines if needed.	
Service or Function: mobile cellular phone 	Quantity and/or Capacity: one phone for principal

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SL 11

Approval by OMB
3060-0806

Entity Number: 20371

Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE

Phone Number: 215-843-2828

Block 2: Summary Description of Needs or Services Requested

What kinds of services are you seeking for Internet Access ? (See the Eligible Services List and Addenda at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

<input checked="" type="checkbox"/> Internet Access <i>Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?</i>	
<input checked="" type="radio"/> YES, I have an RFP. Choose one of the following: It is available on the Web at _____ or via <input type="checkbox"/> the Contact Person in Item 6 or <input type="checkbox"/> the contact listed in Item 11.	
<input type="radio"/> NO, I do not have an RFP for these services. If you answered NO, you must list below the Internet Access Services you seek. Specify each service or function (e.g., monthly Internet service) and quantity and/or capacity (e.g., for 500 users). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internet Access Services. Add additional lines if needed.	
Service or Function:	Quantity and/or Capacity:
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLD

Approval by OMB
3060-0806

Entity Number: 20371

Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE

Phone Number: 215-843-2828

Block 2: Summary Description of Needs or Services Requested

What kinds of services are you seeking for Internal Connections? (See the Eligible Services List at www.sl.universalservice.org for examples). Please answer the questions below if you select this category.

10 ☐ Internal Connections
Do you have a Request for Proposal (RFP) that specifies the services you are seeking ?

a ☒ YES, I have an RFP. Choose one of the following: It is available on the Web at _____
or via ☐ the Contact Person in Item 6 or ☐ the contact listed in item 11.

b ☒ NO ,I do not have an RFP for these services.
If you answered NO, you must list below the Internal Connections Services you seek. Specify each service or function (e.g., local area network) and quantity and/or capacity(e.g., connecting 10 rooms and 300 computers at 56Kbps or better). See the Eligible Services List at www.sl.universalservice.org for examples of eligible Internal Connections Services. Add additional lines if needed.

Service or Function:	Quantity and/or Capacity:

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB
3060-0806

Entity Number: 20371

Contact Person: Sr. Christine Konopelski

Applicant's Form Identifier: MOBILE

Phone Number: 215-843-2828

Block 2: Summary Description of Needs or Services Requested

11 (Optional) Please name the person on your staff or project who can provide additional technical details or answer specific questions from service providers about the services you are seeking. This need not be the contact person listed in Item 6 nor the signer of this form.	
Name:	Title:
Sr. Christine Knopel,	Vice Principal Auxiliary Services
Telephone number (10 digits + ext.) Ext.	
(215) 844 - 4216	
Fax number	
(215) 842 - 2536	
E-mail Address	
krrysbc@yahoo.com	
12. <input checked="" type="checkbox"/> Check here if there are any restrictions imposed by state or local laws or regulations on how or when providers may contact you or on other bidding procedures. Please describe below any such restrictions or procedures, and/or provide a Web address where they are posted and provide a contact name and telephone number for service providers without Internet access.	
<div></div>	
13. (Optional) Purchases in future years: If you have plans to purchase additional services in future years, or expect to seek new contracts for existing services, summarize below (including the likely time-frames).	
<div></div>	

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

Approval by OMB
3060-0806Entity Number: 20371
Contact Person: Sr. Christine KonopelskiApplicant's Form Identifier: MOBILE
Phone Number: 215-843-2828**Block 3: Technology Assessment**

14. ☒ **Basic telephone service only:** If your application is for basic local and long distance voice telephone service only, check this box and skip to Item 16.
15. Although the following services and facilities are ineligible for support, they are usually necessary to make effective use of the eligible services requested in this application. Unless you indicated in Item 14 that your application is ONLY for basic telephone service, you must check at least one box in (a) through (e). You may provide details for purchases being sought.

a. Desktop communications software: Software required <input checked="" type="checkbox"/> has been purchased; and/or <input checked="" type="checkbox"/> is being sought.
b. Electrical systems: <input checked="" type="checkbox"/> adequate electrical capacity is in place or has already been arranged; and/or <input checked="" type="checkbox"/> upgrading for additional electrical capacity is being sought.
c. Computers: a sufficient quantity of computers <input checked="" type="checkbox"/> has been purchased; and/or <input checked="" type="checkbox"/> is being sought.
d. Computer hardware maintenance: adequate arrangements <input checked="" type="checkbox"/> have been made; and/or <input checked="" type="checkbox"/> are being sought.
e. Staff development: <input checked="" type="checkbox"/> all staff have had an appropriate level of training or additional training has already been scheduled; and/or <input type="checkbox"/> training is being sought.
f. Additional details: Use this space to provide additional details to help providers to identify the services you desire.
<div></div>

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLD

Approval by OMB
3060-0806Entity Number: 20371
Contact Person: Sr. Christine KonopelskiApplicant's Form Identifier: MOBILE
Phone Number: 215-843-2828**Block 4: Recipients of Service****16. Eligible Entities That Will Receive Service:**

Check the ONE choice that best describes this application and the eligible entities that will receive the services described in this application. You will then list in Item 17 the entity/entities that will pay the bills for these services.

You must select a state if (b) or (c) is selected:

Select from the list: 

a. ☐ Individual school or single-site library: Check here, and enter the billed entity in Item 17.

b. ☒ Statewide application (check all that apply):

- ☐ All public schools/districts in the state:
☐ All non-public schools in the state:
☐ All libraries in the state:

If your statewide application includes INELIGIBLE entities, check here. ☐ If checked, complete Item 18.

c. ☐ School district, library system, or consortium application to serve multiple eligible sites:

Number of eligible sites		
For these eligible sites, please provide the following		
Area Codes (list each unique area code)	Prefixes associated with each area code (first 3 digits of phone number) separate with commas, leave no spaces	
<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="checkbox"/>	
If your application includes INELIGIBLE entities, check here. If checked, complete Item 18.	

HOME | CANCEL | SAVE & EXIT | HELP

FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLD

Approval by OMB
3060-0806Entity Number: 20371
Contact Person: Sr. Christine KonopelskiApplicant's Form Identifier: MOBILE
Phone Number: 215-843-2828**Billed Entities**

Entity Name	Entity Number
ST BRIDGET SCHOOL	20371

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FCC Form 470

Universal Service Program Description of Services Requested and Certification Form

SLD

Approval by OMB
3060-0806Entity Number: 20371
Contact Person: Sr. Christine KonopelskiApplicant's Form Identifier: MOBILE
Phone Number: 215-843-2828**19. The applicant includes: (Check one or both)**

- a. ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses, and do not have endowments exceeding \$50 million; and/or
- b. ☒ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any school (including, but not limited to elementary and secondary schools, colleges, and universities).

20. All of the individual schools, libraries, and library consortia receiving services under this application are covered by:

- a. ☒ individual technology plans for using the services requested in the application; and/or
- b. ☐ higher-level technology plans for using the services requested in the application; or
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

21. Status of technology plans (If representing multiple entities with mixed technology plan status, check both a and b):

- a. ☒ technology plan(s) has/have been approved by a state or other authorized body.
- b. ☐ technology plan(s) will be approved by a state or other authorized body.
- c. ☐ no technology plan needed; application requests basic local and long distance telephone service only.

22. ☒ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.

23. ☒ I recognize that support under this support mechanism is conditional upon the school(s) or library(ies) I represent securing access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to use the services purchased effectively.

24. ☒ I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

27. Printed name of authorized person	Rev. Richard York
28. Title or position of authorized person	Pastor and Principal
29. Telephone number of authorized person: (215)	844 - 4126 ext.

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Sec. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

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U.S. Postal Service
CERTIFIED MAIL RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)

Article Sent To:
 SLD-Form 470, c/o Ms. Smith
 3833 Greenway Dr., Lawrence, KS 66046

Postage \$.55
 Certified Fee 1.40
 Return Receipt Fee (Endorsement Required) 1.25
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 3.20

PHILA PA 19104 M.O.E.M.
 DEC 22 2000
 USPS

Name (Please Print Clearly) (To be completed by mailer)
 Rev. Richard York, St. Bridget School
 Street, Apt. No.; or PO Box No.
 3636 Stanton Street
 City, State, ZIP+4
 Philadelphia, PA 19129

PS Form 3800, July 1999 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
 ■ Complete items 1 and/or 2 for additional services.
 ■ Complete items 3, 4a, and 4b.
 ■ Print your name and address on the reverse of this form so that we can return this card to you.
 ■ Attach this form to the front of the mailpiece, or on the back if space does not permit.
 ■ Write "Return Receipt Requested" on the mailpiece below the article number.
 ■ The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):
 1. ☐ Addressee's Address
 2. ☒ Restricted Delivery
 Consult postmaster for fee.

3. Article Addressed to:
 SLD-Form 470
 c/o Ms. Smith
 3833 Greenway Drive
 Lawrence, KS 66046

4a. Article Number
 7099 3220 0006 9467 3739

4b. Service Type
☐ Registered ☐ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)
 X

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, December 1994 102595-98-B-0229 Domestic Return Receipt

Thank you for using Return Receipt Service.

FCC Form 471

FY 04

NEC47101-20-0105600222

Approval by OMB

3060-0806

Schools and Libraries Universal Service Services Ordered and Certification Form 471

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)

Applicant's Form Identifier: Mobile

(Create your own code to identify THIS Form 471)

Form 471 Application

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.)	St. Bridget School		
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3	Entity Number (up to 10 digits) <u>20371</u>	
4a	Street Address, P.O. Box, or Route Number	<u>3636 Stanton Street</u>		
	City <u>Philadelphia</u>	State <u>PA</u>	Zip Code <u>19129</u> - <u>1619</u>	
b	Telephone Number (10 digits + ext.) <u>(215) 843 - 2828</u> ext. <u> </u>			
c	Fax Number (10 digits) <u>(215) 842 - 2536</u>			
d	E-mail Address (50 characters max.) <u>rrrysbc@yahoo.com</u>			
5	Type of Applicant	<input checked="" type="checkbox"/> Individual School (individual public or non-public school) <input type="checkbox"/> School District (LEA: public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (including library system, library branch, or library consortium applying as a library) <input type="checkbox"/> Consortium (intermediate service agencies, states, state networks, special consortia) <input type="checkbox"/> Check here if any members of this consortium are ineligible non governmental entities.		
6a	Contact Person's Name <u>St. Christine Konopelski</u>			
	First, fill in every item of the Contact Person's information below that is different from Item 4, above.			
	Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)			
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number			
	City	State	Zip Code	
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	<u>(215) 844 - 4126</u> ext. <u> </u>		
d	<input type="checkbox"/> Fax Number (10 digits)	<u>()</u> - <u> </u> ext. <u> </u>		
e	<input type="checkbox"/> E-mail Address (50 characters max.)			
f	Holiday/vacation contact information (optional):			

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check **ONLY** if this Form 471 represents a minor modification, such as a modification of services, to a contract included in a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: Funding Request Number:

Minor modification requests can be filed **MANUALLY** only. Please see www.sl.universalservice.org for filing instructions.

Entity Number <u>20371</u> Contact Person <u>Sr. Christine Konopelski</u>	Applicant's Form Identifier <u>Mobile</u> Phone Number <u>215-843-2828</u>
--	---

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served 200 b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...	BEFORE ORDER	AFTER ORDER
a (Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	2	2
b High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d Dial-up Internet connections: How many before and after your order?	1	1
e Dial-up Internet connections: Highest speed before and after your order?	33.6 K	33.6 K
f Direct connections to the Internet: How many before and after your order?		
g Direct connections to the Internet: Highest speed before and after your order?		
h Internet access (for schools): How many rooms have Internet access before and after your order?	1	1
i Internet access (for libraries): How many buildings have Internet access before and after your order?		
j Internet access: How many computers (or other devices) with Internet access before and after your order?	1	1
k Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of applicant you are, the number of sites you represent, and how services will be provided to those sites. Each worksheet has instructions.

- ☒ If you are an individual school or a school district, use Worksheet A (page 3a)
- ☐ If you are a library (system and/or outlet), use Worksheet B (page 3b)
- ☐ If you are a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>20371</u>	Applicant's Form Identifier <u>Mobile</u>	
Contact Person <u>Sr. Christine Konopelski</u>	Phone Number <u>215-84302828</u>	

Block 4: Discount Calculation Worksheet A for Individual Schools/School Districts

Worksheet #A-

Page 1
of 1

Instructions: Individual Schools/School Districts use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

10a Check only one:

- ☒ Applying **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- ☐ Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- ☐ Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Please complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

1 Name of School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col. 5 ÷ Col. 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col. 4 x Col. 7)
St. Bridget School	20371	U	200	80	40%	60%	
District Totals for calculating Weighted Average Discount							

10c Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →

Entity Number <u>20371</u>	Applicant's Form Identifier <u>Mobile</u>
Contact Person <u>Sr. Christine Konopelski</u>	Phone Number <u>215-843-2828</u>

Block 5: Discount Funding Request(s)

Block 5, page 1 of 1

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN# (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MM</u>
12 Form 470 Application Number (15 digits) <u>696770000340303</u>	16 Billing Account Number (e.g., billed telephone number) <u>501011115-00001</u>
13 SPIN - Service Provider Identification Number (9 digits) <u>143000677</u>	17 Allowable Contract Date (mm/dd/yyyy, based on Form 470 filing) <u>01/17/2001</u>
14 Service Provider Name <u>Verizon Wireless</u>	18 Contract Award Date (mm/dd/yyyy)
	19 Service Start Date (mm/dd/yyyy) <u>07/01/2001</u>
	20 Contract Expiration Date (mm/dd/yyyy)

21 Description of This Service:	You MUST attach a description of the service, including a breakdown of components and costs, plus any relevant brand names. Label this description with an Attachment #, and note number in space provided below. Attachment # <u>300</u>
--	--

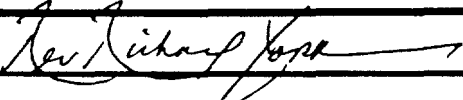
22 Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service : <u>20371</u> b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., A-1): _____
---	---

23 Calculations					Recurring Charges			One-Time Charges			Total Charges		
A	B	C	D	E	F	G	H	I	J	K			
Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (D x C)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (J x I)			
\$80	\$ 0	\$80	12	\$960	\$ 0	\$ 0	\$ 0	\$960	60%	\$576			

Entity Number <u>20371</u>	Applicant's Form Identifier <u>Mobile</u>
Contact Person <u>Sr. Christine Konopelski</u>	Phone Number <u>215-843-2828</u>

Block 6: Certifications and Signature

- 24 The applicant is eligible for support because it includes: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a state library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The schools and libraries I represent have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the individual schools, libraries, and library consortia listed in Block 4 are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☒ no technology plan needed; applying for basic local and long distance telephone service only
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved.
 - b ☐ technology plan(s) will be approved by a state or other authorized body.
 - c ☒ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application and will retain for five years any and all worksheets and other records that I rely upon to fill out this application.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature 	35 Date January 17, 2001
36 Printed name of authorized person Rev. Richard R. York	
37 Title or position of authorized person Pastor and Principal	
38 Telephone number of authorized person: (215) 844 - 4126, ext. _____	
Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.	

U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only: No Insurance Coverage Provided)

7099 3220 0006 9467 3746

Article Sent To:
 SLD-Form 471, c/o Ms. Smith
 3833 Greenway Drive, Lawrence, KS 66046

Postage \$ 1.97
 Certified Fee 1.90
 Return Receipt Fee (Endorsement Required) 1.50
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$ 4.37



Name (Please Print Clearly) (To be completed by mailer)
 Fr. York, St. Bridget Parish School
 Street, Apt. No.; or PO Box No.
 3636 Stanton Street
 City, State, ZIP+4
 Philadelphia, PA 19129
 PS Form 3800, July 1999 See Reverse for Instructions

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete Items 1 and/or 2 for additional services.
- Complete Items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☒ Addressee's Address
 2. ☐ Restricted Delivery
 3. ☐ Signature Master for fee.

3. Article Addressed to:

SLD - Form 471
 c/o Ms. Smith
 3833 Greenway Drive
 Lawrence, KS 66046

4a. Article Number

7099-3220-0006-9467-3746

4b. Service Type

- ☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

8. Addressee's Address (Only if requested and fee is paid)

Thank you for using Return Receipt Service.



Universal Service Administrative Company
Schools & Libraries Division

Fund Year 4 FORM 471-REJECTION LETTER

March 20, 2001

**CHRISTINE KONOPELSKI
ST. BRIDGET SCHOOL
3636 STANTON STREET
PHILADELPHIA, PA 19129-1619**

**Re: Applicant's Form Identifier: MOBILE
 Form 471 Application Number:**

Dear Applicant:

This letter is your notification that the entire FCC Form 471, *Services Ordered and Certification Form*, you submitted did not meet Minimum Processing Standards and cannot be processed. *Your Form 471 is enclosed with this letter, which means that the Schools and Libraries Division (SLD) could not process any portion of it.* Below is an explanation of the specific reason(s) your Form 471 did not meet the Minimum Processing Standards:

- **The Form 471 submitted is not the correct OMB-approved FCC Form 471 dated October 2000 in the lower right-hand corner of the form..**

If you disagree with this decision and you wish to appeal to the SLD, your appeal must be made in writing and received by us within 30 days of issuance of this letter. In your letter of appeal, please include: correct contact information for the appellant, information on the decision you are appealing, the specific Funding Request in question, a copy of this letter and an original authorized signature. Appeals sent by fax, e-mail or phone call cannot be processed. Please mail your appeal to: Letter of Appeal, Schools and Libraries Division, Box 125-Correspondence Unit, 80 South Jefferson Road, Whippany, NJ 07981. You may also call our Client Service Bureau at 888-203-8100. While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC), by sending your notice of appeal to: FCC, Office of the Secretary, 445 12th Street, SW; 12th Street Lobby, SW; Washington, D.C. 20554. . Please reference CC Docket Nos. 96-45 and 97-21 on the first page of your appeal. If you choose to file an appeal with the FCC, your appeal must be received no later than 30 days from the date on this letter.

**Schools and Libraries Division
Universal Service Administrative Company**

Enclosure:

(1) Form 471



Saint Bridget Church

3667 MIDVALE AVENUE
PHILADELPHIA, PENNSYLVANIA 19129-1712

TELEPHONE: (215) 844-4126

March 28, 2001

Universal Service Administrative Company
Schools & Libraries Division
Box 125
80 South Jefferson Road
Whippany, NJ 07981

**Re: Applicant's Form Identifier: MOBILE
Form 471 Application Number:**

Dear Sir/Madam:

I have received your letter dated March 20, 2001, and we appeal the decision to reject our application.

Based upon your letter, our application was denied, because the FCC Form 471 we submitted was not the current version of the Form 471. When we attempted to download the current version of the Form, we were unable to do so. Comparing the October 2000 Form on the computer with our hard copy of the September 1999 Form, we discovered that the substantive portions of the Form were identical. Rather than missing the application deadline, it was decided to complete and submit the September 1999 Form.

I apologize for any inconvenience our use of the September 1999 Form may have caused. Because the information provided is the same, however, I believe the error is a technical one and does not bear upon the merits of our application. Therefore, I have had the information transferred onto the October 2000 Form and am enclosing it for your review and consideration.

If you have any questions concerning the above, please do not hesitate to call either me or Sister Christine Konopelski at (215) 844-4126.

Thank you for your favorable consideration in this matter.

Sincerely yours,

Reverend Richard R. York
Pastor and Principal

**Schools and Libraries Universal Service
Services Ordered and Certification Form 471**

Estimated Average Burden Hours Per Response: 4 hours

This form asks schools and libraries to list the eligible telecommunications-related services they have ordered and estimate the annual charges for them so that the Fund Administrator can set aside sufficient support to reimburse providers for services.

Please read instructions before beginning this application. (See www.sl.universalservice.org for filing this form online)Applicant's Form Identifier: Mobile

(Create your own code to identify THIS Form 471)

Form 471 Application #

(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

(The "Billed Entity" is the entity paying the bills for the services listed on this form.)

1	Name of Billed Entity (30 characters max.) <u>St. Bridget School</u>		
2	Funding Year: July 1, <u>2001</u> through June 30, <u>2002</u>	3	Entity Number (up to 10 digits) <u>20371</u>
4a	Street Address, P.O. Box, <u>3636 Stanton Street</u> or Route Number		
	City <u>Philadelphia</u>	State <u>PA</u>	Zip Code <u>19129 - 1619</u>
b	Telephone Number (10 digits + ext.) <u>(215) 843 - 2828</u> ext. <u> </u>		
c	Fax Number (10 digits) <u>(215) 842 - 2536</u>		
d	E-mail Address (50 characters max.) <u>rrrysbc@yahoo.com</u>		
5	Type of Application <input checked="" type="checkbox"/> School (public or non-public school) <input type="checkbox"/> School District (LEA; public or non-public (e.g., diocesan) local district representing multiple schools) <input type="checkbox"/> Library (library (i.e. outlet/branch, system)) <input type="checkbox"/> Consortium <input type="checkbox"/> Check here if any members of this consortium are ineligible non-governmental entities.		
6a	Contact Person's Name <u>Sr. Christine Konopelski</u> First, fill in every item of the Contact Person's information below that is different from item 4, above. Then check the box next to the preferred mode of contact. (At least one box MUST be checked.)		
b	<input type="checkbox"/> Street Address, P.O. Box, or Route Number		
	City	State	Zip Code
c	<input checked="" type="checkbox"/> Telephone Number (10 digits + ext.)	<u>(215) 844 - 4126</u> ext. <u> </u>	
d	<input type="checkbox"/> Fax Number (10 digits)	<u>() - </u>	
e	<input type="checkbox"/> E-mail Address (50 characters max.)		
f	Holiday/vacation/summer contact information:		

Block 2: Minor Modification to Existing Contract?

- 7 ☐ Check if this Form 471 represents a minor modification, such as a modification of services, to a Form 471 for which you already have a Receipt Acknowledgement Letter. Provide the data requested below, attach a Description of Services highlighting the modified service, and sign Block 6.

Form 471 Application #: Funding Request Number: Minor modification requests can be filed MANUALLY only. Please see www.sl.universalservice.org for filing instructions.

Entity Number	20371	Applicant's Form Identifier	Mobile
Contact Person	Sr. Christine Konopelski	Phone Number	215-843-2828

Block 3: Impact of Services Ordered in THIS Application

8 Please provide your best estimate of the number of people who will be served by all of the services ordered in THIS Form 471. Schools/school districts complete 8a. Libraries complete 8b. Consortia complete 8a and/or 8b.

a Number of students to be served b Number of library patrons to be served

9 The following questions seek summary outcome information based on the services ordered in this Form 471 application. Please complete only those rows that are relevant to THIS application.

IF THIS APPLICATION INCLUDES...		BEFORE ORDER	AFTER ORDER
a	(Schools/districts/consortia only) Telephone service: How many classrooms had phone service before and after your order?	2	2
b	High-bandwidth voice/data/video service: How many buildings served before and after your order?		
c	High-bandwidth voice/data/video service: Highest speed to a building before and after your order?		
d	Dial-up Internet connections: How many before and after your order?	1	1
e	Dial-up Internet connections: Highest speed before and after your order?	33.6 K	33.6 K
f	Direct connections to the Internet: How many before and after your order?		
g	Direct connections to the Internet: Highest speed before and after your order?		
h	Internet access (for schools): How many rooms have Internet access before and after your order?	1	1
i	Internet access (for libraries): How many buildings have Internet access before and after your order?		
j	Internet access: How many computers (or other devices) with Internet access before and after your order?	1	1
k	Other technology outcomes: (please specify):		

Block 4: Discount Calculation Worksheets (pages 3a, 3b, and 3c)

The following 3 pages (3a, 3b, and 3c) are Block 4 worksheets for use in calculating your discount for services. You will complete one or more depending on the type of application you are filing. Each worksheet has instructions.

- If you are filing as a school or a school district, use Worksheet A (page 3a).
- If you are filing as a library (i.e. outlet/branch, system), use Worksheet B (page 3b).
- If you are filing as a consortium, use Worksheet C (page 3c), and include as many Worksheets A and B as you need for back-up documentation.

Entity Number <u>20371</u>	Applicant's Form Identifier <u>Mobile</u>
Contact Person <u>Sr. Christine Konopelski</u>	Phone Number <u>215-843-2828</u>

Block 4: Discount Calculation Worksheet A for Schools/School Districts

Worksheet #A-_____

Page 1 of 1

Instructions: If you are filing a School/School District application, use this worksheet to calculate the discount rate for site-specific services and/or to determine the weighted average discount calculations for shared services.

[Redacted Box]
(For Administrator's Use)

10a If you are:

- Applying for discounts **ONLY** for an individual school, or **ONLY** site-specific services: Complete columns 1-7 only for each school. Add and number pages as needed. Then use each school's Entity Number and its discount from Column 7 to complete Block 5 site-specific service to that school.
- Applying for discounts on services shared by **ALL** schools in the district (with or without site-specific services as well): Complete all columns 1-8 for all schools in the district. Then use the Weighted Average Discount in 10c (below) to complete Block 5 for shared services.
- Applying for discounts on different shared services shared by different groups of schools (with or without site-specific services as well): Complete one worksheet, columns 1-8 PLUS 10c, for EACH different group of schools sharing a service. Designate this worksheet A-1, A-2, A-3, etc.

10b List entities and calculate discount(s).

School District Name: _____ School District Entity Number: _____

1 Name of Eligible School	2 Entity Number	3 Urban or Rural U or R	4 Total # of Students	5 # of Students Eligible for NSLP	6 % Students Eligible for NSLP (Col 5 ÷ Col 4)	7 Discount % from Discount Matrix	8 Weighted Product for Calculating Shared Discount (Col 4 x Col 7)
St. Bridget School	20371	U	200	80	40%	60%	
Totals for calculating Weighted Average Discount							

Weighted Average Discount % for Shared Services (Col. 8 total divided by Col. 4 total. Round to nearest %) →

Entity Number <u>20371</u>	Applicant's Form Identifier <u>Mobile</u>
Contact Person <u>Sr. Christine Konopelski</u>	Phone Number <u>215-843-2828</u>

Block 5: Discount Funding Request(s)

Block 5, page 1 of 1

Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.

Make as many copies of this page as necessary, and number the completed pages to assure that they are all processed correctly.

FRN # (to be assigned by administrator)

11 Category of Service (only ONE category should be checked) <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access <input type="radio"/> Internal Connections	15 Contract Number (if available; use "T" if tariffed services, "MTM" if month-to-month services as described in Instructions) <u>MTM</u>																																											
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23 Calculations <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <thead> <tr> <th colspan="4">Recurring Charges</th> <th colspan="3">Non-Recurring Charges</th> <th colspan="3">Total Charges</th> </tr> <tr> <th>A</th> <th>B</th> <th>C</th> <th>D</th> <th>E</th> <th>F</th> <th>G</th> <th>H</th> <th>I</th> <th>J</th> <th>K</th> </tr> </thead> <tbody> <tr> <td style="text-align: left;">Monthly \$ charges (total amount per month for service)</td> <td style="text-align: left;">How much of the \$ amount in (A) is ineligible?</td> <td style="text-align: left;">Eligible monthly pre-discount amount (A minus B)</td> <td style="text-align: left;"># of months service provided in program year</td> <td style="text-align: left;">Annual pre-discount \$ amount for eligible recurring charges (C x D)</td> <td style="text-align: left;">Annual non-recurring (one-time) \$ charges</td> <td style="text-align: left;">How much of the \$ amount in (F) is ineligible?</td> <td style="text-align: left;">Annual eligible pre-discount \$ amount for one-time charges (F minus G)</td> <td style="text-align: left;">Total program year pre-discount \$ amount (E + H)</td> <td style="text-align: left;">% discount (from Block 4 Worksheet)</td> <td style="text-align: left;">Funding Commitment \$ Request (I x J)</td> </tr> <tr> <td>\$80</td> <td>\$ 0</td> <td>\$80</td> <td>12</td> <td>\$960</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$ 0</td> <td>\$960</td> <td>60%</td> <td>\$576</td> </tr> </tbody> </table>		Recurring Charges				Non-Recurring Charges			Total Charges			A	B	C	D	E	F	G	H	I	J	K	Monthly \$ charges (total amount per month for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre-discount \$ amount for eligible recurring charges (C x D)	Annual non-recurring (one-time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E + H)	% discount (from Block 4 Worksheet)	Funding Commitment \$ Request (I x J)	\$80	\$ 0	\$80	12	\$960	\$ 0	\$ 0	\$ 0	\$960	60%	\$576
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Entity Number 20371 Applicant's Form Identifier Mobile
 Contact Person Sr. Christine Konopelski Phone Number 215-843-2828

Block 6: Certifications and Signature

- 24 The entities listed in Block 4 of this application are eligible for support because they are: (Check one or both.)
- a ☒ schools under the statutory definitions of elementary and secondary schools found in the Elementary and Secondary Education Act of 1965, 20 U.S.C. Secs. 8801(14) and (25), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or
 - b ☐ libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary and secondary schools, colleges, or universities.
- 25 The eligible schools and libraries listed in Block 4 of this application have secured access to all of the resources, including computers, training, software, maintenance, and electrical connections necessary to make effective use of the services purchased as well as to pay the discounted charges for eligible services.
- 26 All of the schools and libraries or library consortia listed in Block 4 of this application are covered by:
- a ☐ an individual technology plan for using the services requested in this application; and/or
 - b ☐ higher-level technology plan(s) for using the services requested in this application; or
 - c ☒ no technology plan needed; applying for basic local and long distance telephone service only.
- 27 Status of technology plans (if representing multiple entities with mixed technology plan status, check both a and b):
- a ☐ technology plan(s) has/have been approved; and/or
 - b ☐ technology plan(s) will be approved by a state or other authorized body; or
 - c ☒ no technology plan needed; applying for basic local and long distance telephone service only.
- 28 I certify that the entities eligible for support that I am representing have complied with all applicable state and local laws regarding procurement of services for which support is being sought.
- 29 I certify that the services the applicant purchases at discounts provided by 47 U.S.C. Sec. 254 will be used solely for educational purposes and will not be sold, resold, or transferred in consideration for money or any other thing of value.
- 30 I certify that the entity(ies) I represent has complied with all program rules and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments.
- 31 I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 32 I recognize that I may be audited pursuant to this application. I will retain for five years any and all worksheets and other records that I rely upon to fill out this application, and, if audited, will make available to the Administrator such records.
- 33 I certify that I am authorized to submit this request on behalf of the above-named entities, that I have examined this request, and to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

34 Signature of authorized person  35 Date January 17, 2001

36 Printed name of authorized person Rev. Richard R. York

37 Title or position of authorized person Pastor and Principal

38 Telephone number of authorized person: (215_) 844 - 4126, ext. _ _ _ _

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

The Americans with Disabilities Act, the Individuals with Disabilities Education Act and the Rehabilitation Act may impose obligations on entities to make the services purchased with these discounts accessible to and usable by people with disabilities.

Number 20371 Applicant's Form Identifier Mobile
Contact Person Sr. Christine Konopelski Phone Number 215-843-2828

NOTICE TO INDIVIDUALS: Section 54.504 of the Federal Communications Commission's rules requires all schools and libraries ordering services that are eligible for and seeking universal service discounts to file this Services Ordered and Certification Form (FCC Form 471) with the Universal Service Administrator, 47 C.F.R. § 54.504. The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the report will be used to ensure that schools and libraries comply with the competitive bidding requirement contained in 47 C.F.R. § 54.504. All schools and libraries planning to order service eligible for universal service discounts must file this form themselves or as part of a consortium.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or a potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing, or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government is a party of a proceeding before the body or has an interest in the proceeding.

If you owe a past due debt to the Federal government, the taxpayer identification number (such as your social security number) and other information you provide may also be disclosed to the Department of the Treasury Financial Management Service, other Federal agencies and/or your employer to offset your salary, IRS tax refund or other payments to collect that debt. The FCC may also provide the information to these agencies through the matching of computer records when authorized.

If you do not provide the information we request on the form, the FCC may delay processing of your application or may return your application without action.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, et seq.

Public reporting burden for this collection of information is estimated to average 4 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, DC 20554.

Please submit this form to:

**SLD-Form 471
P.O. Box 7026
Lawrence, Kansas 66044-7026**

For express delivery services or U.S. Postal Service, Return Receipt Requested, mail this form to:

**SLD-Form 471
c/o Ms. Smith
3833 Greenway Drive
Lawrence, Kansas 66046
(888) 203-8100**



Page: 1 of 6
 Billing Date: December 20, 200
 Customer Account No: 501011115-00001
 Invoice Number: 0237172354

Your Monthly Statement

Previous Balance	Payments Received	Account Ck (Bills/Bills)	Unbilled Forward	Late Payment Charge	Current Charges	
12.62	12.62	.00	.00	.00	15.38	

*Total current charges includes late payment charges if applicable.

Summary of Current Charges

Monthly Access	29.99	
Additional Services	.00	
Other Charges and Credits	17.37	Credit
Equipment Charges	.00	
Home Airline Charges	.00	
Related Call Charges	1.32	
Roaming Charges	1.43	
Other Fees and Surcharges	.00	
Federal Tax	.00	
State Tax	.00	
Local Tax	.01	
Total Current Charges Due upon receipt	15.38	

2630-04

Call Customer Service at 1-800-922-0204 (or *226 from your cellular phone).

Visit us on our web site at www.verizonwireless.com

* Please see reverse side for an explanation on how to read your bill and the address for all written communication.



UNIVERSAL SERVICE
ADMINISTRATIVE CO.

Box 125 – Correspondence Unit
80 South Jefferson Road
Whippany, New Jersey 07981

SCHOOLS AND LIBRARIES DIVISION

March 30, 2001

Reverend Richard R. York, Pastor
Saint Bridget Church
3667 Midvale Avenue
Philadelphia, PA 19129-1712

Reverend Richard R. York:

The Schools and Libraries Division of the Universal Service Administrative Company has received your correspondence regarding the 2001-2002 funding decision on your application. Here are the steps that will now follow:

1. We will review your correspondence carefully to identify the specific issue(s) it raises.
2. We will consult the program integrity assurance records and all supporting documentation for the application. Our goal is to determine whether the program rules were administered appropriately in processing your application.
3. Once the review process is completed we will respond in writing and state whether your appeal is approved, denied or approved in part. We will then follow with a funding commitment decision letter for any approved appeal resulting in additional discounts for your application. Funds have been set aside to implement funding decisions for appeals approved by the SLD and/or the Federal Communications Commission.

We have begun in-depth review of the appeals we have received, and our goal is to respond to you as promptly as possible. We thank you in advance for your patience as we handle your case with the care and attention it deserves.

Schools and Libraries Division
Universal Service Administrative Company